

TACTICAL RESPONSE REPORT/Chicago Police Department

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|---|--|--|---|--|---|--|---|--|------------------------------|--|--|
| 1. DATE OF INCIDENT 07-JUL-2016 | | TIME 13:29:00 | 2. ADDRESS OF OCCURRENCE 1537 S HARDING AVE CHICAGO, IL 60623 | | | 3. LOCATION CODE 291 | 4. BEAT/OCCUR 1014 | 4a, VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BW <input type="checkbox"/> 02 IN-CAR CAMER <input type="checkbox"/> 03 OTHER REPT VIDEO | | | |
| MEMBER INVOLVED <input type="checkbox"/> DNA SUBJECT INFORMATION | 5. POSITION 9161 | 6. LAST NAME NAVARRO | 7. FIRST NAME OSCAR I | 8. STAR NO. 6059 | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 10. RACE CODE S | 11. AGE 509 | 12. HT. 172 | 13. WT. 509 | | |
| | 14. DATE OF APPT. 24-SEP-2007 | 15. EMPLOYEE NO. 010 | 16. UNIT & BEAT OF ASSIGNMENT 1063B | 17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | 18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | 19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | |
| | 20. LAST NAME KELLER | 21. FIRST NAME KEYONTE | 22. M.I. | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 24. RACE BLK | 25. D.O.B. 20-MAR-1994 | 26. HT. 506 | 27. WT. 130 | | | |
| | 28. ADDRESS 1840 S SPRINGFIELD AVE CHICAGO, IL 60623 | | 29. TELEPHONE NO. (773) 522-4213 | 30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | FIREARM - REVOLVER | | 31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | 32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | |
| | 32a. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None | | 33. WHERE WAS MEDICAL TREATMENT OBTAINED? | | | | | | | | |
| | 34. BY WHOM? | | | | 35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized | <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 05 Refused Medical Aid | | | | | |
| | 36. CHARGES PLACED 720 ILCS 5.0/24-1.6-A-1, 720 ILCS 5.0/12-2-B-4 | | | | <input type="checkbox"/> DNA | 37. CB NO. 19339145 | IR NO. | | <input type="checkbox"/> DNA | | |
| | REASON FOR USE OF FORCE (Check all that apply) <input type="checkbox"/> DNA | PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAILANT:ASSAULT | | ASSAILANT:BATTERY | | ASSAILANT:DEADLY FORCE | |
| | | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> | | FLED <input checked="" type="checkbox"/> | | IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> | | ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM WEAPON <input checked="" type="checkbox"/> OTHER _____ | |
| | | STIFFENED (DEAD WEIGHT) <input type="checkbox"/> | | PULLED AWAY <input type="checkbox"/> | | OTHER _____ | | OTHER _____ | | PERCEIVED AS _____ | |
| OTHER _____ | | OTHER _____ | | | | | | PERCEIVED AS _____ | | | |
| MEMBER PRESENCE <input type="checkbox"/> | | OPEN HAND STRIKE <input type="checkbox"/> | | ELBOW STRIKE <input type="checkbox"/> | | KNEE STRIKE <input type="checkbox"/> | | FIREARM <input checked="" type="checkbox"/> | | | |
| VERBAL COMMANDS <input checked="" type="checkbox"/> | | TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> | | CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> | | KICKS <input type="checkbox"/> | | | | | |
| ESCORT HOLDS <input type="checkbox"/> | | OC CHEMICAL WEAPON <input type="checkbox"/> | | IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> | | IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> | | | | | |
| WRISTLOCK <input type="checkbox"/> | | CANINE <input type="checkbox"/> | | OTHER _____ | | | | OTHER _____ | | | |
| ARMBAR <input type="checkbox"/> | | TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | | TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | | TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | | | | | |
| PRESSURE SENSITIVE AREAS <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | | OTHER _____ | | | | | | | |
| CONTROL INSTRUMENT <input type="checkbox"/> | | OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> | | TASER (Spark Displayed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> | | OTHER _____ | | | | | |
| OC/CHMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> | | LRAD WITH AUTHORIZATION <input type="checkbox"/> | | OTHER _____ | | | | | | | |
| OTHER _____ | | OTHER _____ | | | | | | | | | |
| * OC/CHMICAL WEAPON AUTHORIZED BY (NAME) | | | | RANK | STAR NO. | UNIT NO. | 40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | |
| 40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | 40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 40c. DID THE DISCHARGE RESULT IN A SELF -INFILCTED INJURY? <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member | | | | | |
| 41. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN | | 42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | | 43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | | 44. WEATHER CONDITIONS CLEAR | | | | | |
| 45. MAKE/MANUFACTURER GLOCK, INC.--AU-- | | 46. MODEL 19 | | 47. BARREL LENGTH 4INCH | | 48. CALIBER/GAUGE 9 MM | | | | | |
| 49. TASER DART ID NO. | | 50. WEAPON SERIAL NO. (Include Letters) EUW120 | | 51. CHICAGO GUN REG. NO. | | 52. IL FIREARM OWNER ID. NO. 34690516 | | 53. HANDGUN CERTIFICATE NO. | | | |
| 54. SPECIAL WEAPON CERTIFICATE NO. | | 55. PROPERTY INVENTORY NO. | | 56. TYPE OF AMMUNITION USED Department Issued | | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1 | | 58. TOTAL NO. OF SHOTS MEMBER FIRED 1 | | | |
| 59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER | | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | | 61. NO OF CARTRIDGES/SHOT SHELLS RELOADED | | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) | | | | | |
| 63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW | | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | | | 65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | |
| 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE | | | | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input checked="" type="checkbox"/> 04 OVER 15 FT. | | | | | | | |
| 68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION | | | | 69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | | | | | | |
| 70. ADDITIONAL INFORMATION SUBJECT ARMED WITH RUGER .357 CALIBER REVOLVER AND | | | | | | | | | | | |
| 71. EVENT NO. 1618908531 | | | | | | | | | | | |
| 71. R.D. NO. HZ339456 | | | | | | | | | | | |

POINTED IT IN DIRECTION OF OFFICER NAVARRO #6059

| | | | | | | |
|--------------------------------|--|--|---|--|------------------------|--|
| CASE INFORMATION | NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | | 1618908531 | | |
| | 40. ADDITIONAL INFORMATION SUBJECT ARMED WITH RUGER .357 CALIBER REVOLVER AND POINTED IT IN DIRECTION OF OFFICER NAVARRO #6059 | | | 70. EVENT NO. | | |
| SIGNATURES | 73. REPORTING MEMBER (Print Name) NAVARRO, OSCAR I 07-JUL-2016 19:38:23 | | STAR/EMPLOYEE NO. 6059 | SIGNATURE  | HZ339456 | |
| | Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. | | 74. REVIEWING SUPERVISOR (Print Name) BRENNAN, JOSEPH E | | STAR NO. 421 | DATE REVIEWED 07-JUL-2016 19:39:38 |
| Additional discharged weapons: | | | | | | |

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TRR'S FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRR'S FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Subject was informed of his rights per Miranda, which he stated he understood, and further related he wished to discuss the circumstances surrounding his arrest.

Subject stated in summary, not verbatim, the police pulled up on him at 16th & Harding, when the officer exited the vehicle he fled north bound on Harding. The offender ran around the building through a vacant lot then down the gangway of 1537 S. Harding. He then entered the apartment building, 1st floor, hid the gun in one room and he hid in a closet in another room, where he was subsequently arrested.

The offender further stated he ran, because he had a gun in his pocket.

76. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

Based on the information and evidence given to me, at the time of this preliminary investigation, there does not appear to be any willful deviation or violation of department policy and training.

77. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

78. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

LOG NO. 1081333 OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE:

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

79. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

RYAN, KEVIN P

80.

TRR _____ OF _____ TRR(S)

81. TOTAL TRR's THIS EVENT No.

1

SIGNATURE



DATE COMPLETED TIME

07-JUL-2016 20:02:16